

**Amendments to the Claims:**

The following listing of claims will replace all prior versions, and listings, of claims in the application:

1-14. (Canceled).

15. (New) Method for making an annuloplasty, in particular for heart valve reconstruction, comprising the steps of:

a) inserting into the body of a patient through a small-diameter passage, approximately 1 to 2 cm in diameter, an implant having an elongate, deformable structure so that said implant can assume an elongate shape for insertion into the body of the patient, and a curved shape adapted for creating the annuloplasty;

b) making the implant take said curved shape so as to create the annuloplasty.

16. (New) Method according to claim 15, wherein step a) is performed using a device having a tubular instrument able to receive said implant at least partially within said device, which instrument is sufficiently rigid to allow insertion of the implant into the body of the patient through said passage, this instrument having an opening at a distal part of said instrument enabling access to the implant and comprising means for rotationally locking the implant relative thereto, means for holding the implant relative thereto, and means for detecting the implant's angular orientation inside the body of the patient.

17. (New) Method according to claim 16, comprising the steps of:

- attaching a distal portion of the implant, accessible at the distal part of the instrument, to tissues by a first suture stitch;

- releasing an additional portion of the implant by the instrument and attaching this additional portion to the tissues by a second suture stitch;

- releasing and suturing a further portion of the implant, and so forth until the entire implant is attached to the tissues.

18. (New) Method according to claim 15, wherein the implant has an implant body with a non-elastic flexible structure, and at least one cord connected to said implant body in the vicinity of one end of the implant body; said at least one cord extends over one lengthwise side of said implant body up to a location remote from said end, is slidably mounted relative to said implant body and relative to said location, and has a length such that traction may be exerted thereon once said implant body has been sutured to said tissues; the device is shaped such that traction can be exerted on said at least one cord to reduce the length of said implant body by puckering said structure so as to reduce the circumference of the implant and hence create the annuloplasty.

19. (New) Method according to claim 18, wherein the implant body is comprised of a braid of textile material and said at least one cord passes inside this braid.

20. (New) Method according to claim 18, wherein the implant has two cords, one said cord being connected to one end of said implant body and the other said cord being connected to the other end of said implant body and in that the two cords each extend over substantially half of said implant body up to locations near each other substantially in the median area of said implant body.

21. (New) Method according to claim 16, wherein the instrument has a lateral notch in the vicinity of a distal end of the instrument, said notch communicates via a slot with a distal opening in this instrument, the depth of said notch being such as to uncover the lengthwise side of said implant body that is destined, after the suturing, to be located radially outside the annuloplasty to be created, but such that said notch covers the lengthwise side of said implant body destined to be located on the radially inner side of this annuloplasty, namely on the side on which the at least one cord is located.

22. (New) Method according to claim 21, wherein the holding means referred to above are located on either side of the notch.

23. (New) Method according to claim 21, wherein the instrument has two tubular parts of which the first part is engaged in the second part; said first tubular part has teeth at a distal end of said first tubular part that are movable radially between a normal radially outer position in which they allow the implant to slide and a radially inner position in which they grip the implant between them and prevent this sliding, said teeth being shaped such that their radially outer faces project, in said normal position, beyond the outer face of said first tubular part; the second tubular part can slide axially relative to the first tubular part between a retracted position in which said second tubular part does not abut said radially outer faces of the teeth, and an active position in which said second tubular part abuts these radially outer faces, and moves the teeth into their radially inner position.

24. (New) Method according to claim 15, wherein the implant body, viewed transversally, a tubular part and a flat part extending radially relative to said tubular part.

25. (New) Method according to claim 24, wherein said flat part has means for attaching the implant to tissues, said means for attaching being pre-positioned on said part.

26. (New) Method according to claim 24, wherein the implant has an attaching means comprised of suture threads.

27. (New) Method according to claim 24, comprising passing suture threads through said flat part.

28. (New) Method according to claim 16, wherein the implant body has, viewed transversally, a tubular part and a flat part extending radially relative to said tubular part; the instrument has a tubular part that has a lateral slot provided in a distal part of said tubular part, and has a rod that can be engaged in this tubular part; said tubular part of the implant body is engaged inside said tubular part of the instrument and receives said rod therein while said flat part passes through said slot and extends outside said tubular part of the instrument.

29. (New) Method according to claim 27, wherein the instrument has two tubular parts, namely the tubular part having the lateral slot and an outer tubular part in which the tubular part having the lateral slot and the implant are engaged therein.

30. (New) Method according to claim 27, wherein the instrument has, opposite each suture thread, at least one reel mounted thereon, onto which suture thread is wound.

31. (New) Method according to claim 30, wherein the instrument has two reels located on a first and second side of the instrument, respectively, and located either side of said flat part, each of the two reels receiving one of two strands of the suture thread.

32. (New) Method according to claim 15 wherein the implant has an elastic structure and has a curved shape in the non-deformed state of this structure.

33. (New) Method according to claim 16, wherein the implant has an elastic structure and has a curved shape in the non-deformed state of this structure, this implant being deformed elastically when said implant is engaged in the instrument, and then the implant returns to said implant's curved shape as said implant is released by the instrument.

34. (New) Method according to claim 17, wherein the implant is made of a shape-memory alloy such as a nickel-titanium alloy known as Nitinol.

35. (New) Method for making an annuloplasty, comprising:  
inserting a device to facilitate suturing at the treatment site into the body of the patient through a small-diameter passage, approximately 1 to 2 cm in diameter,  
locking and holding a first portion of an implant, shaped so that it can be sutured to tissue in order to create the annuloplasty, in the device in a desired position relative to the tissue,

attaching the first portion of the implant to the tissue, and  
releasing the first portion of the implant from the device once said first portion of the implant has been attached to the tissue.

36. (New) The method of claim 35, comprising:

locking and holding a second portion of the implant in the device in a desired position relative to the tissue,

attaching the second portion of the implant to the tissue, and

releasing the second portion of the implant from the device once said second portion of the implant has been attached to the tissue.

37. (New) The method of claim 35, wherein the locking and holding step holds the implant in the device during attachment to the tissue so that a concave part of the implant is located radially inward of the annuloplasty to be created.

38. (New) The method of claim 35, wherein a locking means rotationally locks and holds the implant in the device in a desired position relative to the tissue.

39. (New) Method for making an annuloplasty for heart valve reconstruction, comprising:

making an incision in a patient in the area of a rib cage of the patient,

inserting a trocar containing a tube under the patient's skin and through tissue, approaching the heart valve to be treated,

removing the trocar, but not the tube, and inserting an implant together with an instrument into the patient's body through the tube, locking and holding a first portion of the implant in the instrument,

orienting the instrument using a proximal mark present on the instrument,

passing a suture thread into the first portion of the implant at a notch on the instrument for a first time,

passing the suture thread into a fibromuscular ring of the valve,

passing a suture thread into the first portion of the implant at the notch on the instrument for a second time, and

allowing the implant to slide in order to release an additional portion of the implant.

40. (New) The method of claim 39, comprising:
  - immobilizing the additional portion of the implant in the instrument,
  - passing a suture thread into the additional portion of the implant at the notch on the instrument for a first time,
  - passing the suture thread into the fibromuscular ring,
  - passing a suture thread into the additional portion of the implant at the notch on the instrument for a second time,
  - allowing the implant to slide in order to release a further portion of the implant, and
  - repeating steps as often as necessary to attach the implant around part or all of the valve.

41. (New) The method of claim 39, comprising:
  - attaching the implant to the fibromuscular ring, and
  - reducing the length of the implant, puckering the implant's structure to reduce the circumference of the implant, thus creating the annuloplasty.